

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 036 \*\*\*\*50.00

**DOCUMENT # L03000014392**

1. Entity Name  
**FCLC QUAIL SPRINGS, LLC**



Principal Place of Business      Mailing Address  
**300 INTERNATIONAL PARKWAY, SUITE 130**      **300 INTERNATIONAL PARKWAY, SUITE 130**  
**HEATHROW, FL 32746**      **HEATHROW, FL 32746**

**20010165**



2. Principal Place of Business      3. Mailing Address  
**300 International Pkwy**      **300 International Pkwy**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 300**      **Suite 300**

01072006    Chg-LLC      CR2E083 (11/05)

City & State      City & State  
**Heathrow, Fl**      **Heathrow, Fl**

Zip      Country      Zip      Country  
**32746**      **USA**      **32746**      **USA**

4. FEI Number      Applied For  
**16-1675247**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SELBY, C. THOMAS**  
**300 INTERNATIONAL PARKWAY, SUITE 130**  
**HEATHROW, FL 32746**

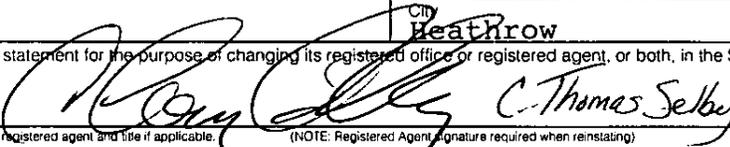
**7. Name and Address of New Registered Agent**

Name  
**Selby C Thomas**

Street Address (P.O. Box Number is Not Acceptable)  
**300 International Pkwy Suite 300**

City      State      Zip Code  
**Heathrow**      **FL**      **32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **C. Thomas Selby**      DATE: **2/20/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

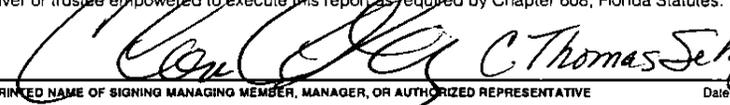
**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	SELBY, C. THOMAS	300 INTERNATIONAL PARKWAY, SUITE 130	HEATHROW, FL 32746	<input type="checkbox"/>
D	CHRISTY, KATHERINE A	300 INTERNATIONAL PARKWAY, SUITE 130	HEATHROW, FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Selby C Thomas	300 international Pkwy Suite 300	Heathrow, Fl. 32746	<input type="checkbox"/>	<input type="checkbox"/>
D	Christy, Katherine A	300 International Pkwy Suite 300	Heathrow, Fl! 32746	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **C. Thomas Selby**      Date: **2/20/06**      Daytime Phone #: **407-333-1604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE